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www.kiesling.com

**REDACTED – FOR PUBLIC INSPECTION**

June 25, 2015

Received & Inspected

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12th Street, SW  
Washington, DC 20554

JUN 29 2015

FCC Mail Room

**Re: WC Docket No. 14-58  
2015 ETC Annual Report of Lone Rock Cooperative Telephone Company, Study Area  
Code 351228  
Request for Confidentiality**

Dear Ms. Dortch:

On behalf of Lone Rock Cooperative Telephone Company, Kiesling Associates LLP files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup> Lone Rock Cooperative Telephone Company seeks confidential treatment under Protective Order for Section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, an attached letter requests confidential treatment under Sections 0.457 and 0.459 of the initial Section 54.202(a) Five-Year Service Quality Improvement Plan as required by Section 54.313(a)(1).<sup>3</sup>

Please direct any questions about this filing to the undersigned at 515-223-0159 or cclauson@kiesling.com.

Sincerely,

KIESLING ASSOCIATES LLP

*Cheryl A. Clauson*

Cheryl A. Clauson, CPA  
Partner

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0+1  
List ABCDE

<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 *rel.* Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<sup>3</sup> 47 C.F.R. §§ 0.457, 0.459, 54.313(a)(1).



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**Re: WC Docket 14-58  
2015 ETC Annual Report of Lone Rock Cooperative Telephone Company, Study Area  
Code 351228**

Dear Ms. Dortch:

On behalf of Lone Rock Cooperative Telephone Company (the “Company”), Kiesling Associates LLP hereby requests withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement, pursuant to Sections 0.457 and 0.459 of the Commission’s rules.<sup>1</sup> The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).<sup>2</sup>

1. The information for which the Company is seeking confidential treatment is the attachment at Line 112 of the Company’s annual reporting information in FCC Form 481, pursuant to Sections 54.313 and 54.422 of the Commission’s rules (“Report”).<sup>3</sup>
2. Pursuant to Section 54.313(a)(1), Rate-of-Return Eligible Telecommunications Carriers (“ETCs”) must file with the Commission a Progress Report on its Five-Year Service Quality Improvement Plan (“Progress Report”) which is contained in the attachment to the 2015 Report.<sup>4</sup>
3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company’s Five-Year Plan, as provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.
4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company’s network.

<sup>1</sup> 47 C.F.R. §§ 0.457, 0.459.

<sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>3</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>4</sup> 47 C.F.R. §§ 54.313(a)(1).

**REDACTED – FOR PUBLIC INSPECTION**

Based on the preceding, Kiesling respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned at 515-223-0159 or [cclauson@kiesling.com](mailto:cclauson@kiesling.com) with questions regarding this request.

Sincerely,

KIESLING ASSOCIATES LLP

*Cheryl A. Clauson*

Cheryl A. Clauson, CPA  
Partner



<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<small>FCC Form 481</small> <small>OMB Control No. 3045-0045/OMB Control No. 3060-0013</small> <small>July 2013</small>
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

<b>&lt;010&gt;</b>	Study Area Code	351228
<b>&lt;015&gt;</b>	Study Area Name	LONE ROCK CO-OP TEL
<b>&lt;020&gt;</b>	Program Year	2016
<b>&lt;030&gt;</b>	Contact Name: Person USAC should contact with questions about this data	Dan Meyer
<b>&lt;035&gt;</b>	Contact Telephone Number: Number of the person identified in data line <030>	5159253271 ext.
<b>&lt;039&gt;</b>	Contact Email Address: Email of the person identified in data line <030>	lonerock@netins.net

Received & Inspected

JUN 29 2015

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<b>&lt;100&gt;</b>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;200&gt;</b>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;210&gt;</b>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;300&gt;</b>	Unfulfilled Service Requests (voice)	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;">0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;310&gt;</b>	Detail on Attempts (voice)	<div style="border: 1px solid black; width: 300px; height: 50px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;320&gt;</b>	Unfulfilled Service Requests (broadband)	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;">0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;330&gt;</b>	Detail on Attempts (broadband)	<div style="border: 1px solid black; width: 300px; height: 50px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;400&gt;</b>	Number of Complaints per 1,000 customers (voice)			
<b>&lt;410&gt;</b>	Fixed	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;">0.0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;420&gt;</b>	Mobile	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;">0.0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;430&gt;</b>	Number of Complaints per 1,000 customers (broadband)			
<b>&lt;440&gt;</b>	Fixed	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;">0.0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;450&gt;</b>	Mobile	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;">0.0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;500&gt;</b>	Service Quality Standards & Consumer Protection Rules Compliance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(check to indicate certification)			
<b>&lt;510&gt;</b>	<div style="border: 1px solid black; width: 350px; height: 50px; padding: 2px;">351228ia510.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;600&gt;</b>	Functionality in Emergency Situations		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(check to indicate certification)			
<b>&lt;610&gt;</b>	<div style="border: 1px solid black; width: 350px; height: 50px; padding: 2px;">351228ia610.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;700&gt;</b>	Company Price Offerings (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(complete attached worksheet)			
<b>&lt;710&gt;</b>	Company Price Offerings (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(complete attached worksheet)			
<b>&lt;800&gt;</b>	Operating Companies and Affiliates		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(complete attached worksheet)			
<b>&lt;900&gt;</b>	Tribal Land Offerings (Y/N)?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(if yes, complete attached worksheet)			
<b>&lt;1000&gt;</b>	Voice Services Rate Comparability Certification		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(if yes, complete attached worksheet)			
<b>&lt;1010&gt;</b>	<div style="border: 1px solid black; width: 350px; height: 50px; padding: 2px;">351228ia1010.pdf</div> (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;1100&gt;</b>	Certify whether terrestrial backhaul options exist (Yes or <input checked="" type="radio"/> No <input type="radio"/> ) <span style="float: right; font-size: small;">(if not, check to indicate certification)</span>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;1110&gt;</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>&lt;1200&gt;</b>	Terms and Condition for Lifeline Customers		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(complete attached worksheet)			
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers				
<b>&lt;2000&gt;</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(check to indicate certification)			
<b>&lt;2005&gt;</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(complete attached worksheet)			
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>				
<b>&lt;3000&gt;</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(check to indicate certification)			
<b>&lt;3005&gt;</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(complete attached worksheet)			

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	351228
<015> Study Area Name	LONE ROCK CO-OP TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035> Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

351228ia112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year

service quality improvement plan pursuant to §54.202(a). The information shall be

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|----------------|
| <113> Maps detailing progress towards meeting plan targets<br><114> Report how much universal service (USF) support was received<br><115> How much (USF) was used to improve service quality and how support was used to improve service<br><116> How much (USF) was used to improve service coverage and how support was used to improve service<br><117> How much (USF) was used to improve service capacity and how support was used to improve service<br><118> Provide an explanation of network improvement targets not met in the prior calendar year. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px 5px;">Yes</td></tr> <tr><td style="padding: 2px 5px;">Yes</td></tr> <tr><td style="padding: 2px 5px;">Yes</td></tr> <tr><td style="padding: 2px 5px;">Yes</td></tr> <tr><td style="padding: 2px 5px;">Yes</td></tr> <tr><td style="padding: 2px 5px;">Not Applicable</td></tr> </table> | Yes | Yes | Yes | Yes | Yes | Not Applicable |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |                |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |                |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |                |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |                |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |                |
| Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |                |

<010>	Study Area Code	351228
<015>	Study Area Name	LONE ROCK CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Den Meyer
<035>	Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net

-- See attached worksheet





## FCC Form 481

OMB Control No. 3060-0886/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351228
<015>	Study Area Name	LONE ROCK CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035>	Contact Telephone Number - Number of person identified in data line <030>	5195253271 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net

[illegible]



<010>	Study Area Code	351228
<015>	Study Area Name	LONE ROCK CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035>	Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net
<810>	Reporting Carrier	Lone Rock Cooperative Telephone Company
<811>	Holding Company	Lone Rock Cooperative Telephone Company
<812>	Operating Company	Lone Rock Cooperative Telephone Company

[illegible]

(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/CMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351228
<015>	Study Area Name	LONE ROCK CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035>	Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes

to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to

- <921> Needs assessment and deployment planning with a focus on Tribal
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	351228
<015> Study Area Name	LONE ROCK CO-OP TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035> Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net

Please confirm whether terrestrial backhaul options exist within the supported area

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps

<b>(1280) Terms and Condition for Lifeline Customers</b> Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	351228
<015> Study Area Name	LONE ROCK CO-OP TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035> Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support. carriers must

- |                                                                                                                              |                                     |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan,                                                        | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan.                                                      | <input checked="" type="checkbox"/> |



(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351228
<015>	Study Area Name	LORE ROCK CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035>	Contact Telephone Number - Number of person identified in data line <030>	9199255271 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lonerock@netlink.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}  
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

- <2011b> Attachment {47 CFR § 54.313(b)}

Name of Attached Document(s) Listing Required

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}  
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}  
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}  
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification

- <2020> Please check the box to confirm that the attached document(s) on line contains the required pursuant to 64.313 (a)(1)(iii) as a recipient of C&F Phase II support shall provide the number, name, addresses of community anchor institutions to which began providing access to broadband service in preceding calendar

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required

(3000) Rate of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0096/OMB Control No. 3060-0619 July 2013
--------------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code 351228  
 <015> Study Area Name LONG ROCK CO-OP TEL  
 <020> Program Year 2016  
 <030> Contact Name - Person USAC should contact regarding this data Dan Meyer  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5159253271 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> lonerock@netinc.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

351228ia3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s) on line 3012 contains the required information  
 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which  
 providing access to broadband service in the preceding calendar year began

☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No) ☒ Yes ☒ No  
 (3014) If yes, does your company file the RUS annual report (Yes/No) ☒ Yes ☒ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No) ☒ Yes ☒ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash ☒

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash

(3026) Attach the worksheet listing required information

351228ia3026.pdf

Name of Attached Document Listing Required Information

**REDACTED – FOR PUBLIC INSPECTION**

**LINES 3027-3034**

**LINES REDACTED IN ENTIRETY**

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0988/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	351228
<015> Study Area Name	LONE ROCK CO-OP TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035> Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



Certification - Agent / Carrier Data Collection Form	PCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	351228
<015> Study Area Name	LONE ROCK CO-OP TEL
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035> Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>DAN MEYER</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	DAN MEYER
Name of Reporting Carrier:	LONE ROCK CO-OP TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/22/2015
Printed name of Authorized Officer:	DAN MEYER
Title or position of Authorized Officer:	MANAGER
Telephone number of Authorized Officer:	5159253271 ext.
Study Area Code of Reporting Carrier:	351228 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	LONE ROCK CO-OP TEL
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/22/2015
Printed name of Authorized Agent or Employee of Agent:	Cheryl Clauson
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	5152230159 ext.
Study Area Code of Reporting Carrier:	351228 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 112**

**ATTACHMENT REDACTED IN ENTIRETY**

REDACTED - FOR PUBLIC INSPECTION

(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351228
<015>	Study Area Name	LONE ROCK CO-OP TEL
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dan Meyer
<035>	Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net
<220>		

[illegible]



**FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Lone Rock Cooperative Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

**FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations**

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Lone Rock Cooperative Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 1050-0986/OMB Control No. 9060-0819  
July 2013

<010>	Study Area Code	351228
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<015>	Study Area Name	LONE ROCK CO-OP TEL
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<020>	Program Year	2016
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<030>	Contact Name - Person USAC should contact regarding this data	Dan Meyer
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5159253271 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lonerock@netins.net
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&lt;711&gt;

[illegible]



<810>	Reporting Carrier	Lone Rock Cooperative Telephone Company
<811>	Holding Company	Lone Rock Cooperative Telephone Company
<812>	Operating Company	Lone Rock Cooperative Telephone Company

[illegible]

**FCC Form 481, Line 1010: Voice Services Rate Comparability**

As of January 1, 2015, the ETC's pricing of fixed voice service (reported on line 703 of this filing) is below the current national average urban rate for voice service (\$47.48), as published annually by the Wireline Competition Bureau.

**FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers**

**Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the Board's [2014 Lifeline Week news release](#).

A Lifeline [application form](#) is available from your local telephone service provider, the Iowa Utilities Board, or most [Community Action Agencies](#) in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Re-certification forms are sent to all Lifeline subscribers each year. In order to continue receiving Lifeline assistance, these forms must be completed and returned to the subscriber's local telecommunications provider within 30 days. If the re-certification form is not returned, the telecommunications provider will discontinue the subscriber's Lifeline assistance.

Information about the [number of customers receiving Lifeline assistance](#) is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board toll free at 1.877.565.4450, or visit [www.fcc.gov/lifeline](http://www.fcc.gov/lifeline) or [www.usac.org](http://www.usac.org).

Number of local minutes provided: Unlimited local calling

Equal access toll calls are available and are billed at carriers' standard rates for Lifeline subscribers.

Lone Rock Cooperative  
Telephone Company

SERVICES CATALOG  
Revised \_\_\_\_\_  
Cancels \_\_\_\_\_

PART VI  
Sheet No. 73  
Sheet No. \_\_\_\_\_

Filed with Board

SERVICE CHARGES

A LIFELINE ASSISTANCE

1. The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal support amount defined in 47 CFR 54.403.
2. Eligibility Requirements  
To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:
  - a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
  - b. Supplemental Nutrition Assistance Program (SNAP)
  - c. Supplemental Security Income (SSI)
  - d. Federal public housing assistance
  - e. Low-Income Home Energy Assistance Program (LHEAP)
  - f. Temporary Assistance for Needy Families Program (TANF)
  - g. National School Lunch Program

The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

A Lifeline customer may only receive assistance from one wireline or one wireless telephone provider per household.

3. Application for Assistance  
An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.
4. Rates
  - a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.
  - b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

ISSUED: October 31, 2014 EFFECTIVE: December 1, 2014  
Date Date

BY: Dan Meyer General Manager Lone Rock, Iowa 50559  
Name Title Address



**Line 3010 Progress Report on 5 Year Plan – Milestone Certification**

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 4Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 3026**

**ATTACHMENT REDACTED IN ENTIRETY**